

# BRANCHING OUT

Creating Connections to End Sexual Violence

Winter 2008

Volume 2, Issue 3

## Coming Together to Help Victims

By Katy Adler



Community collaboration is an important piece of ending sexual violence and giving sexual assault victims the best treatment possible. Many communities have collaboration teams that are formed to address violence within a community and examine how victims of violence are being treated. One type of team is a Coordinated Community Response team (CCR) and another is a Sexual Assault Response Team (SART). Often, these two can be confused, and the responsibilities and goals of each may be unclear.

### *Coordinated Community Response team (CCR)*

A CCR can be comprised of individual community members, community social service agencies, law enforcement, healthcare providers, school representatives, and also occasionally victims of violence. Some goals for a CCR may be to bring awareness to violence within the community, improve the services that victims receive in the community, and work to prevent violence from occurring. A CCR team may address multiple forms of violence, including domestic violence, sexual violence, and child or elder abuse.

### *Sexual Assault Response Team (SART)*

A Sexual Assault Response Team (SART) is comprised of sexual assault victim advocates, law enforcement, the District Attorney's office, Sexual Assault Nurse Examiners (SANE), and representatives from corrections. The SART has a primary goal of improving and evaluating how systems respond to victims of sexual assault. SARTs may review sexual assault cases and evaluate how victims were treated, how evidence was collected and the case was investigated, and how the case was prosecuted. These teams may develop guidelines for responding to sexual assaults, as well as provide trainings on these guidelines to members of the different systems.

### *CCR vs. SART*

The main similarity between CCRs and SARTs is that they both strive to improve services for victims. Some of the differences lie in how the two teams achieve this goal. CCRs may concentrate on a broad, community-wide response to sexual assault, while SARTs focus on the response of specific systems (e.g., SANE nurses). In addition, while SARTs may review cases to identify issues victims face while encountering systems, CCRs may focus on broader issues that victims encounter in addition to addressing the root causes of violence in the community.

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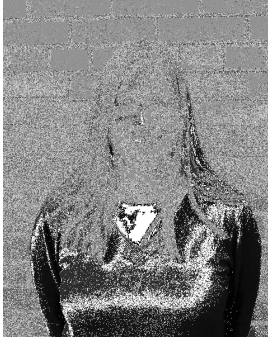
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# Face To Face

By Lora Schultz Reinders

Many of the clients coming for treatment at Sexual Assault Services suffer from Post Traumatic Stress Disorder (PTSD) as a result of sexual assault or abuse. PTSD is an anxiety disorder specifically caused by experiencing a traumatic event. Not everyone who experiences a traumatic event will develop PTSD, but many do.

Survivors with PTSD often have difficulty getting the event out of their minds. They have difficulty concentrating and completing day-to-day tasks because they continue to have intrusive memories of the traumatic event, even when they try not to think about it. Often, a survivor with PTSD will persistently re-experience the event through recurrent and intrusive memories, nightmares, or feeling as though the event were recurring. There is also an avoidance of stimuli or "triggers" that remind the person of the traumatic event. This often displays itself in avoidance of certain places, people, and activities.

Persistent arousal is another characteristic of PTSD. This leads a person to feel as though they are "on edge." It is difficult to feel calm and relaxed, and difficult to fall or stay asleep. A person suffering from PTSD may experience hypervigilance, as though they are always on the lookout for a threat, even when no threat is present.

There have been more recent studies informing the need to differentiate between PTSD caused by a single traumatic event and trauma reactions caused by experiencing repeated trauma over an extended period of time. This research has specifically focused on trauma that occurs in childhood when the brain is still developing. The current descriptions of PTSD, such as those explained above most accurately describe what happens to someone who has experienced a single or specific traumatic event that has a beginning and an end. What about a person who continually re-experiences trauma that is unpredictable? A new diagnosis, called "developmental trauma disorder," is being proposed by Dr. Bessel A. van der Kolk to describe this type of trauma reaction. This type of complex trauma disorder can be as a result of experiencing on-going abuse, or witnessing significant violence. Some examples include living in a home with on-going domestic violence, experiencing on-going physical or sexual abuse, or living in a high crime area where family members, neighbors, and other community members are regularly victims of violence.

As a developing brain experiences trauma, chemical reactions take place that actually alter neuro-pathways and can lead to permanent changes in brain structure. The implication of this includes individuals with decreased impulse control, and impaired ability to regulate emotions. Van der Kolk states that nearly 100% of those in the criminal justice system have experienced childhood trauma, through abuse or neglect.

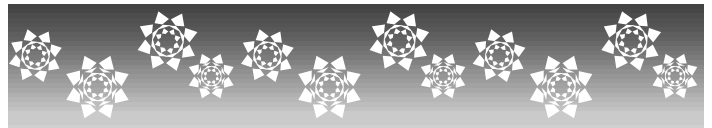
The evolution of a better understanding of complex trauma will serve to improve mental health services for children and adults. The first step to being supportive of a victim is having an understanding of what they are experiencing. At Sexual Assault Services, as therapists, and advocates, we feel it is important that the community continue to gain knowledge of the implications trauma has for all of us.

For more information on "chronic trauma" or "developmental trauma disorder" written by Dr. van der Kolk, go to [www.traumacenter.org](http://www.traumacenter.org) and click on "publications."

— Lora

## SAS Wish List

- Volunteer Advocates!
- Gift cards/certificates from Target, Office Depot or other discount stores
- Courage to Heal book series
- New clothes for victims at the hospital (t-shirts, sweat pants, underwear, etc.)
- Gift bags filled with body lotions & shower gels to be given to victims at the hospital
- General art and craft supplies



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### *Racine Community*

Racine County Family Violence Community Coalition (RCFVCC), which meets in both the eastern and western parts of the county, is the CCR for Racine County. The Eastern RCFVCC meets on the first Wednesday of every month from 11:30 to 1:00 in Racine, and the Western RCFVCC meets on the third Thursday of every month from 11:30 to 1:00 in Burlington. Any community member who is interested in working to address violence in the community can attend these meetings.

Racine County also has a SART, which is comprised of victim advocates from Sexual Assault Services, law enforcement representatives from each jurisdiction in Racine County, SANE nurses from Burlington and Racine, a representative from the District Attorney's Office, and representatives from the Department of Corrections, Racine Youthful Offender Correctional Facility and the Racine Correctional Institution.

These teams contribute greatly to improving the services that victims receive in addition to addressing the problem of violence in the Racine community. If you would like to know more about CCRs or SARTs, or have questions about these teams in Racine County, please feel free to call (262) 619-1634 or email [kadler28@lsswis.org](mailto:kadler28@lsswis.org).

— Katy



# Western Racine County Corner

By Vicki Biehn

*What if you witnessed some form of violence?  
What would you do? What could you do?*

## Responsible Bystander Intervention

The Western Racine County Community Family Violence Coalition has decided to devote the next year on educating the public about Responsible Bystander Intervention. You may ask, what is responsible bystander intervention? Why is it important that I know about bystander intervention? This article is an attempt to inform you about what bystander intervention is, why it is so important and some possible ways to intervene that are respectful and safe.

Bystander intervention has been a topic of study for decades. This type of research started back in 1964 when a woman named Kitty Genovese was raped and murdered in front of 38 men and women who did nothing to stop the attack. This horrific event launched many researchers to study how people choose whether to intervene in different situations.

The current research indicates that there are several reasons why people do not intervene. These include:

- \*The fear of retaliation or getting hurt
- \*Not knowing what to do or what to say
- \*Not feeling responsible to take action
- \*Observing that no one else is doing anything and therefore assuming that it must not be serious or need an intervention.

The last two reasons can have a huge impact on our community. If we feel it is not our responsibility or that it is not a problem, it can help create a climate of apathy.

Alan Berkowitz is one of many important researchers within this field who are working on understanding and overcoming the reasons why so many people do not intervene in potentially harmful situations. It is vitally important that all citizens help to create a safe community and that we all have a role in reducing and eventually eliminating violence in our culture.

Berkowitz's work notes that there are four stages that are necessary for a person to intervene in a situation:

1. The person notices the event.
2. The person recognizes the event as a problem.
3. The person feels a sense of responsibility to do something about the situation.
4. The person feels that they have the skills necessary to intervene effectively and safely.

There are several ways for people to intervene in potentially harmful situations:

- \*A person could intervene directly.
- \*A person could change the focus of the situation.
- \*A person could engage the person in a conversation about the situation.

Let's take two scenarios and explain how one could intervene with each particular situation.

### Scenario 1

You are at a party and you see a male person taking an obviously very intoxicated woman into a bedroom. To intervene directly, you could go up to the man and stop him from taking the woman into the bedroom. You could change the situation by "accidentally" walking into the bedroom a couple of minutes later and acting like you did not know anyone was in the room. Or, lastly, you could ask one of the man's friends to talk to the man directly about what he is doing and the possible consequences.

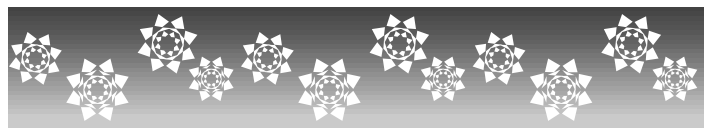
### Scenario 2

A group of friends are hanging out at a party and one of them is talking about how provocatively women dress these days and expresses the belief that the woman are asking to get raped because of the way they are dressed. One of the friends could intervene directly and ask the person to stop saying such damaging comments. Alternatively, the person could change or shift the focus of the situation by changing the subject of conversation. Lastly, the person could start a conversation with the group and discuss why this seems to be such a prevalent thought in our culture and then explore the impact of this belief.

I encourage all of you to take a look at what you can do to help create a safer community by utilizing these intervention techniques. If you have practiced responsible bystander intervention let us know your story so we can share it in upcoming newsletters. Opportunities arise everyday to help create a safer community by using effective responsible bystander intervention. Interventions can be very simple acts from choosing not to buy products that sexualize children to letting someone know that you do not appreciate their sexist comments or even talking with friends and family about how we can all help to create a world with less sexual violence.

Take a look at Dr. Alan Berkowitz' website at [www.alanberkowitz.com](http://www.alanberkowitz.com) to learn more about his work around responsible bystander intervention.

— Vicki



## Call For Submissions...



If you are a survivor or you know a survivor who would like to submit a poem, short story, artwork or editorial for publication in this newsletter, please email it to

Samantha Sustachek ([ssustachek@lsswis.org](mailto:ssustachek@lsswis.org)).





# Helping Hands

By Samantha Sustachek

Without the help of Volunteer Advocates, Sexual Assault Services (SAS) would not be able to provide two key services – the 24-hour crisis line and 24-hour hospital response. Luckily for our agency, we are blessed with an abundance of caring, compassionate volunteers, some of whom have been with the program since it began in 2000. So how does SAS retain these wonderful people? We ask ourselves this question all the time. A large part of the credit goes to the volunteers themselves, who are good people who want to continue to give back to their community, but SAS hopes that we also deserve part of the credit, as we do everything we can to keep volunteers happy and active at our agency.

At SAS, we believe that a good volunteer experience begins with a quality foundation. Our volunteers all participate in a 15-hour training before being on call for the first time. This training covers the skills necessary to turn a compassionate person into a Volunteer Advocate. SAS trains volunteers on everything from good listening to community resources to cultural competence. During training, new volunteers gain the skills, and perhaps most importantly the confidence, to assist SAS clients over the crisis line and in person at the hospital. Opportunities for learning do not end with the initial training. Monthly refresher breakfasts allow volunteers to share their experiences with one another and to keep up to date with mini trainings on pertinent topics.

Although being on call for SAS is an individual, independent volunteer position, SAS staff do their best to be sure Advocates never feel like they have to handle something on their own if they feel that they cannot. If volunteers encounter a difficult caller or situation, they have access to and are encouraged to call staff at home. Help and advice are only a phone call away. The initial training, combined with this ongoing support, help to reduce in volunteers feelings of being isolated and overwhelmed. When volunteers are encouraged and supported, they stay with the program.

SAS appreciates every one of our volunteers, and we try to show that appreciation whenever possible. Each volunteer is recognized on her/his birthday with a card. In addition, a holiday party is held every January and a recognition dinner every July. At the holiday party, SAS staff cook breakfast and give gifts to volunteers. At the recognition dinner, a small awards ceremony is held and volunteers are recognized for their years of service with certificates and gifts. Both of these events are usually held in the home of a staff member. In the end, SAS will never be able to show how much we truly appreciate our volunteers, but these events are tokens of that appreciation for everything they do for our agency.

The final element of the SAS volunteer position that seems to encourage Volunteer Advocates to stay long term is the experience itself.

Whether the volunteer is a college student looking to gain experience in her/his field of study, a sexual assault survivor wishing to make a difference in someone else's life, or a retiree wanting to give back to the community, volunteers seem to find what they are looking for with SAS. Volunteer Advocacy is not an easy job, but more often than not, it is extremely rewarding. Volunteers see and hear first hand about the difference they make in the lives of the survivors they serve, and for our exceptional group of Volunteer Advocates, nothing feels better than knowing they were there for someone.

If you have questions about Volunteer Advocacy or would like to find out how you can join our team of Advocates, please contact Samantha Sustachek at 262-619-1634 Ext. 14 or [ssustachek@lsswis.org](mailto:ssustachek@lsswis.org).

— Sam

## Save the Date!! 6<sup>th</sup> Annual Take Back the Night

Racine's 6<sup>th</sup> Annual Take Back the Night will be held on this coming year's National Day to End Sexual Violence: Thursday, April 2<sup>nd</sup>, 2009. The event will be held from 6:00-8:00 p.m. in DeKoven Center's Great Hall.

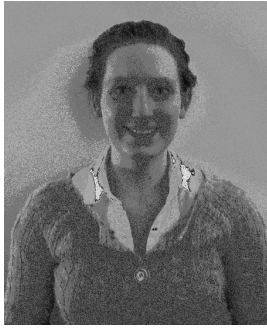


The event will include a keynote speaker, an open mic speak-out, a candle-lit vigil and march, the Clothesline Project and Stars of Courage displays, food, drinks and other activities.

Everyone is invited and encouraged to attend this free community event. So mark your calendars now and show your support as we work to end sexual violence in our community!

## SAS Third Quarter Statistics July—September 2008

Crisis Line Calls.....	53
Racine Hospital Visits.....	21
Burlington Hospital Visits.....	2
Legal Advocacy Sessions.....	12
New Counseling Clients.....	16
Counseling Sessions.....	122
Community Presentations.....	5



# Family Advocate

By Lynn Cook

## Special Considerations when Advocating for Vulnerable Populations

An unfortunate reality that exists in our world is that children and adolescents with developmental disabilities are sexually abused at a much higher rate than those with no reported disability. As the Racine County Child Advocacy Center expands its vital role in the community for investigating sexual abuse, awareness increases regarding the importance of sensitivity to this special population.

The nature of developmental disabilities puts affected children at a higher risk for sexual abuse. Limited social skills and cognitive abilities, which are often present, make children more dependent on a higher level of care. These same characteristics can make it more difficult for children to understand the seriousness of abuse and to be able to articulate what has happened to them. Criminal investigations become increasingly challenging as these children face difficulties engaging in forensic interviews. The statement of the survivor is often the most critical piece of evidence in an investigation and without this, it becomes difficult to hold perpetrators responsible. This all results in a population especially vulnerable to sexual victimization that is not adequately protected from repeated victimization because offenders often cannot be prosecuted. The implications of this widespread community issue are grave.

While awareness of the problem is the first step, special considerations must be made when working with this population within the context of a Child Advocacy Center. It is vital that prior to interviewing the child, as much information as possible be gathered from caregivers about the child's verbal skills, level of functioning, any attentional problems and medications. It may be beneficial to involve therapists, especially in the case of Autism. Rapport building is also especially important in facilitating trust and openness, although this may be much more difficult with a child who experiences social challenges. The biggest challenge during an investigation may be getting useful information from a child who is highly suggestible. Research indicates that it is necessary to ask concrete questions and to use frequent prompts to focus the child in these situations (Ballard & Austin, 1999).

As with all child victims of sexual abuse, a primary step toward healing involves engaging and supporting non-offending caregivers. For family advocates this may involve variation on resource referrals in addition to helping parents to recognize symptoms of trauma. The best way for primary caregivers to provide a socially therapeutic environment for a developmentally disabled child who has been sexually abused is to help the child through their normal and everyday routine, recognizing that this will help to encourage positive self-concept and teach new coping skills (Focht-New et al., 2008). By doing this parents will also provide an anchor of safety for their child.

We must continue to examine the benefits and repercussions of the varied aspects of a criminal investigation to ensure that we are acting in the best interests of the child. Children with developmental disabilities must be treated with sensitivity and fairness. Beyond the inner workings of this piece of the puzzle, advocates must also raise awareness about the vulnerability of this population in order to prevent the sexual abuse from occurring.

— Lynn



## Coming soon at SAS...

***Are you a caregiver of a child  
who has been sexually abused?  
Are you looking for support and healing?***

***We may have what you are looking for.***

**Sexual Assault Services of Lutheran Social Services  
and  
Children's Service Society of Wisconsin will soon be  
offering a support group for non-offending caregivers  
of children who have been sexually abused.**

**The support group is a place where you can...**

- Explore how the abuse has affected your child and your family.
- Learn about how to help your child and family heal.
- Reduce feelings of isolation and aloneness.
- Have your feelings and experiences acknowledged and accepted.
- Receive support from other caregivers and provide support to them.

**Please call Sexual Assault Services at 262-619-1634  
or Children's Service Society of Wisconsin at  
262-633-3591 to register  
for the group.**

**All group members will  
need to meet with one of  
the facilitators before beginning  
the group for an  
orientation session.**

**The group is confidential  
and provided at no cost.**





Sexual Assault Services  
1220 Mound Ave., Suite 304  
Racine, WI 53404

### Contact Us!

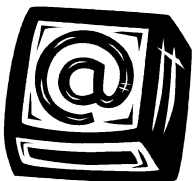
SAS Racine Office  
1220 Mound Ave. Suite 304  
Racine, WI 53404  
262-619-1634

SAS Burlington Office  
480 S. Pine St.  
Burlington, WI 53105  
262-763-6226 Ext. 31

24 Hour Crisis Line: 262-637-SAFE (7233)

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### Stay Connected!



Join our News and Events email update list! Would you like to receive information on upcoming SAS events and volunteer opportunities? Email Samantha Sustachek at [ssustachek@lsswis.org](mailto:ssustachek@lsswis.org) with "SAS news and events" in the subject line and she will include you in all SAS news and events related emails.

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*Sexual Assault Services seeks to create a safe and compassionate environment to help promote the healing of sexual assault survivors and their support people.*